

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6625

FILED FEB 17 1950

State File No. 1003  
Registrar's No. 1672

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2109</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>16 3014 Cherokee St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Prose</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>2/1/50</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>May 5, 1870</b>		
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>						
13a. FATHER'S NAME <b>Leander Boone</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Evans</b>		14. NAME OF HUSBAND OR WIFE <b>John H.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eugene H. Prose--3014 Cherokee</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Int. hemorrhagic fracture of 21. femur</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <b>A Pulmonary Edema</b> DUE TO <b>B Heart disease &amp; failure</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 Months</b>  <b>1 Month</b>  <b>1 Month</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis</b> <b>St. Louis</b> <b>Mo</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec. 1 1949 12:30 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fell in bathroom</b>		
22. I hereby certify that I attended the deceased from <b>Dec 1</b> , 19 <b>49</b> , to <b>January 20, 1950</b> , that I last saw the deceased give on <b>Jan. 30</b> , 19 <b>50</b> , and that death occurred at <b>3:40 p.m.</b> , from the causes and on the date stated above.						
23. SIGNATURE <b>Eugene V. Kerschel, M.D.</b>		(Degree or title)		23b. ADDRESS <b>6200 Hoffman Ave</b>		
23c. DATE SIGNED <b>2/2/50</b>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/4/50</b>		24c. NAME OF CEMETERY OR CREMATOR <b>New Picker Cemetery</b>		
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>						
DATE REC'D BY LOCAL REG. <b>FEB 3 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wacker-Helders 3634 Gravois</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Frank J. England*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2645*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.